

STATE OF MAINE

2002 INTERNATIONAL FUEL TAX AGREEMENT APPLICATION 2002

MOTOR CARRIER SERVICES, FUEL UNIT, 29 STATE HOUSE STATION, AUGUSTA ME 04333-0029

PHONE: (207) 624-9000 EXT 52137 **FAX:** (207) 624-9086

US DOT#	ICC# (if any)	ME IRP#
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Federal ID/SS # or Social Insurance (required)

Telephone Number (required)

Legal Name of Applicant

Doing Business As **(DBA)**

Mailing Address (ST, PO Box, Road)

Physical Location (No PO Box #'s)

City/Town ST ZIP Code

City/Town ST ZIP Code

Fax Number (if any)

E-mail Address (if any)

Contact Person: _____

Telephone: _____

Type(s) of fuel consumed: Diesel___ Gasoline___ Gasohol___ NG___ Propane___ Other_____

Type of Business operations: Sole Ownership___ Partnership___ Corp___ S Corp___ Govt___

Names, Address & SS# of Owners, Partners or Officers: (use additional sheet if necessary)

State of Incorporation:_____ Date of Incorporation:_____

If not incorporated, give date authorized to do business in Maine:_____

Do you lease vehicles: No ☐ Yes ☐ ****if yes**** ☐ From others ☐ To others

If you have a Maine certificate for bulk storage, what is your exemption number?_____

Please list all states in which you maintain bulk storage._____

Have you been issued an **IFTA** license by another jurisdiction? Yes ☐ No ☐

If yes, list jurisdiction(s):_____

If yes, has your IFTA license ever been suspended or revoked? Yes ☐ No ☐

List jurisdictions in which you were suspended_____

Service Agent Name & Address:_____

(person you hire to do your **FUEL** taxes) (if any)

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Indicate with an (X) the jurisdictions in which you expect to operate.
(these jurisdictions will be preprinted on your tax return)

- | | | |
|---|---|---|
| <input type="checkbox"/> ALABAMA | <input type="checkbox"/> MARYLAND | <input type="checkbox"/> ONTARIO |
| <input type="checkbox"/> ALBERTA | <input type="checkbox"/> MASSACHUSETTS | <input type="checkbox"/> OREGON |
| <input type="checkbox"/> ARIZONA | <input type="checkbox"/> MICHIGAN | <input type="checkbox"/> PENNSYLVANIA |
| <input type="checkbox"/> ARKANSAS | <input type="checkbox"/> MINNESOTA | <input type="checkbox"/> P E ISLAND |
| <input type="checkbox"/> BRITISH COLUMBIA | <input type="checkbox"/> MISSISSIPPI | <input type="checkbox"/> QUEBEC |
| <input type="checkbox"/> CALIFORNIA | <input type="checkbox"/> MISSOURI | <input type="checkbox"/> RHODE ISLAND |
| <input type="checkbox"/> COLORADO | <input type="checkbox"/> MONTANA | <input type="checkbox"/> SASKATCHEWAN |
| <input type="checkbox"/> CONNECTICUT | <input type="checkbox"/> NEBRASKA | <input type="checkbox"/> SOUTH CAROLINA |
| <input type="checkbox"/> DELAWARE | <input type="checkbox"/> NEVADA | <input type="checkbox"/> SOUTH DAKOTA |
| <input type="checkbox"/> FLORIDA | <input type="checkbox"/> NEW BRUNSWICK | <input type="checkbox"/> TENNESSEE |
| <input type="checkbox"/> GEORGIA | <input type="checkbox"/> NEW HAMPSHIRE | <input type="checkbox"/> TEXAS |
| <input type="checkbox"/> IDAHO | <input type="checkbox"/> NEW JERSEY | <input type="checkbox"/> UTAH |
| <input type="checkbox"/> ILLINOIS | <input type="checkbox"/> NEW MEXICO | <input type="checkbox"/> VERMONT |
| <input type="checkbox"/> INDIANA | <input type="checkbox"/> NEW YORK | <input type="checkbox"/> VIRGINIA |
| <input type="checkbox"/> IOWA | <input type="checkbox"/> NEWFOUNDLAND | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> KANSAS | <input type="checkbox"/> NORTH CAROLINA | <input type="checkbox"/> WEST VIRGINIA |
| <input type="checkbox"/> KENTUCKY | <input type="checkbox"/> NORTH DAKOTA | <input type="checkbox"/> WISCONSIN |
| <input type="checkbox"/> LOUISIANA | <input type="checkbox"/> NOVA SCOTIA | <input type="checkbox"/> WYOMING |
| <input type="checkbox"/> MAINE | <input type="checkbox"/> OHIO | |
| <input type="checkbox"/> MANITOBA | <input type="checkbox"/> OKLAHOMA | |

Indicate the number of decal sets you require: _____ X \$5.00 (per set) = \$ _____

FOR OFFICE USE ONLY	
FROM _____	TO _____
CC AUTH # _____	CHECK # _____
CASH _____	MO _____ INT _____

DO NOT USE STAPLES WHEN ATTACHING CHECK

By placing your signature on the line below, you agree to the following:

I agree to comply with the reporting, payment, record keeping and license display requirements of the International Fuel Tax Agreement. I further agree that Maine may withhold any refund owed to me should I be delinquent on outstanding liabilities due any jurisdiction.

I declare under penalty of false statement, that to the best of my knowledge and belief, the information contained herein is true and correct.

SIGNATURE (required)	DATE OF BIRTH	TITLE	DATE
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PLEASE MAKE CHECKS PAYABLE TO: SECRETARY OF STATE